



**INDIANA DEPARTMENT OF TRANSPORTATION**  
100 North Senate Avenue  
Indianapolis, Indiana 46204-2216  
(317) 232-5305 FAX: (317) 233-0891  
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## DISADVANTAGED BUSINESS ENTERPRISE ANNUAL UPDATE

This annual update form is required by INDOT as administrator of the federal DBE program, 49 CFR §26.83(j) (2006), in order to keep your DBE eligibility status. When submitting this form you are required to enclose your previous years' Federal Income Tax Returns, and any other documentation that supports the reported changes on this form.

### GENERAL INFORMATION

Name of Firm:		
Street Address:		
Mailing Address:		
City:	State:	Zip:
Owner of Firm:	E-mail Address:	
Telephone Number:	Fax Number:	
Describe the primary business activity of the firm:		
Person preparing this application:		Title:

### OWNERSHIP

Items such as amendments to any corporate by-laws or partnership agreements, transfers or issuance of stock, changes in management personnel or corporate officers, etc. should be enclosed. Note: failure to disclose all information concerning the control and ownership of the firm may lead to decertification of the firm.

**Attach additional sheets if necessary.**

Have there been any changes in the ownership structure of the company in the past year?	YES	NO
Please check what structure the company is currently using below.		
Sole Proprietorship	Partnership	Corporation Other_____

List equipment purchased or leased in the past year with value greater than \$1,000.00

Type of Equipment	Make	Model	Year	Date Acquired	Present Value

List five largest contracts completed in past year.

Owner/Contractor	Phone	Contract Amount	Project Name/Location	Type of Work Performed

### PERSONAL NET WORTH INFORMATION

Have you, as the socially and economically disadvantaged owner(s) acquired any personal assets or liabilities in the last year?  
YES NO

If answered "YES", list details below: Note: Attach proof of change in assets or liabilities.

Description	Acquired/Sold	Names on Asset	Liabilities Against Asset	Value of Asset

## CERTIFICATION AFFIDAVIT

I, the undersigned (Affiant), being first duly sworn upon oath, state under penalty of perjury that I am authorized to sign this Affidavit on behalf of the firm, have first-hand knowledge of the facts stated herein and agree to the following:

To abide by all of the rules and regulations governing the certification process hereafter.

To notify the Indiana Department of Transportation within thirty (30) days of any change in the ownership, control, management or status as an on-going concern as required pursuant to 49 CFR § 26.83 (i). Failure to comply with this requirement may lead to a loss of certification.

That the Indiana Department of Transportation has the right to conduct an on-site review of the firm's operations, as well as audit and examine the company's books and review contracts, company structure, facilities and request whatever additional information it deems necessary from time to time, in order to monitor the status of the company, if the firm is certified by the Department as a bona-fide disadvantaged owned and controlled company.

Furthermore, the Affiant, swears under oath that the foregoing statements and application contents are true and complete, and include all material and information necessary to identify the firm as a Disadvantaged Business Enterprise with the Indiana Department of Transportation, as well as identify all current owners, directors, officers, or members of the firm.

That the Indiana Department of Transportation may automatically deny or rescind certification after applying its own procedures and may automatically deny or rescind certification if, during or after the certification process, it finds that the undersigned has submitted false, inaccurate, or misleading information.

Any material omission or misrepresentation will be grounds for terminating the eligibility of this firm as a certified DBE, as well as any contract which may have been awarded under those programs, and for initiating action under Federal and/or Indiana civil and/or criminal laws concerning false affidavits, false statements or declarations, perjury, fraud, stealing by deceit, or other applicable offenses. (Making a false affidavit is a Class D felony. See Indiana Code § 35-44-2-1 (2006)).

\*Signature  
Printed name  
Title  
Date

\*Signature  
Printed name  
Title  
Date

\*Must be signed by at least one officer if a corporation; one disadvantaged partner if a Partnership; or the proprietor if a Sole Proprietorship.

## NOTARY PUBLIC

State of \_\_\_\_\_ )  
 ) SS:  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_

(Affiant(s)) who, being duly sworn, did execute the foregoing affidavit, and did affirm under penalty of perjury to being properly authorized by the above-named DBE firm to execute this Affidavit, and that Affiant(s) did so as a free act and deed.

Signed, \_\_\_\_\_, Notary Public.

My Commission expires: